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ABSTRACT

This paper summarizes information concerning homicide crisis intervention in a multicultural school that would be useful for school psychologists. School psychologists are encouraged to be introspective about their own beliefs about death, grief, and multiculturalism. This paper discusses the eight factors to consider when providing services to multicultural students, parents, and communities as well as 10 commonly reported cultural biases about multicultural counseling and development. Basic information about homicides is summarized. Eight characteristics that survivors of homicide victims experience such as delayed, exaggerated, and complicated bereavement are listed and discussed. Information about assessment and therapy is provided. A discussion of cross-cultural service delivery warns school psychologists to be aware of sources of cultural identities, as well as attitudes and beliefs shaped by culture. Examples of culture influences are provided. Within a section of the paper devoted to multicultural homicide survivor service considerations the following issues are discussed: community and cultural influences; survivors' characteristics; criminal justice system; therapy. This paper concludes with a list of specific suggestions for helping homicide survivors. Appendix A provide death awareness, grief awareness, and multicultural awareness questionnaires. Appendix B is a list of addresses of helpful support systems with information on homicidal bereavement. (Contains 38 references.) (MKA)

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Homicide Crisis Intervention in a Multicultural School Setting

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INTRODUCTION

> Culture is akin to being the observer through the one-way mirror; everything we see is from our own perspective. It is only when we join the observed on the other side that it is possible to see ourselves and others clearly--but getting to the other side of the glass represents many challenges (Lynch, 1992, p. 35).

> If the threats to life associated with psychological trauma are universal, then what varies across cultures is the perception of what type of threat is traumatic, the interpretation of the threat's meaning, the nature of the expression (presentation) of symptoms in response to such threats, the cultural context of the responses of traumatized people, as well as the cultural responses by others to those who have been traumatized, and the culturally prescribed paths to recovery from experiencing life-threatening events. Finally, it is also useful to consider the process by which the exposure of individuals and groups to traumatic events is made useful for the entire culture. (Chemtob, 1997) and (Young, 1994, Chapter 8, and www.ojp.usdoj.gov/ovc/infores/crt/chap8.htm)

> Some myths are that homicide is a racial crime, that strangers kill each other, and that only certain types of people kill. The facts are that murder is an intra-racial crime, that the murderer and victim are usually known to each other, and that all kinds of individuals kill (Henry-Jenkins (1996, p. 14).

Violence committed against and committed by the youth of America is increasing every day. In alarming rates, young people are turning to violence to resolve their problems. One of their conflict resolution solutions is homicide. The tragic reality of several 1997-1998 high profile shootings involving multiple victims in our US schools supports the premise that children are swimming in a "culture of violence.

With the increasing diversity of the United States population, there is a growing awareness of the need for culturally specific responses to help survivors of homicide victims (family members, close friends, neighbors, schoolmates, and members of the community). If school psychologists are to provide and link culturally sensitive support systems to homicide victim survivors, they first need to be aware of their own possible cultural biases and the fact that others have widely varying responses to trauma. Secondly, they need to identify and validate the cultural background of the victim and

survivors in order to provide culturally appropriate services. To be effective, school psychologists need to employ a cross-cultural perspective in their service deliveries.

There are three principal objectives of this 1999 NASP paper presentation: (1) one is to provide an opportunity for school psychologists to reflect and to become more cognizant of their own individual, family, and cultural perspectives concerning unexpected-violent death and grief. (2) Another goal is to become familiar with some of the ways multicultural individuals respond to a homicide. (3) A third objective is to become aware of questions to ask in order to provide culturally appropriate interventions. In addition, a list to link homicide victims' survivors to helpful organizations is provided.

INTROSPECTING ABOUT ONE'S OWN BELIEFS ABOUT DEATH, GRIEF, AND MULTICULTURALISM

School psychologists need to develop multicultural sensitivity and competency. To do so requires that they set aside their own beliefs in an attempt to adopt another's perspective. Encounters with culturally different individuals may be uncomfortable for some school psychologists who find it difficult to change their thoughts, feelings, and behaviors. Flanagan and Miranda (1995) address the conflicts within school psychologists and others:

> For most people, including Americans, the distinguishing mark of cross-cultural interaction is the disappearance of the familiar guideposts that allow them to act without thinking in their own culture. Routine matters become problems that require planning or conscious decisions. They may not know when to shake hands, nod their heads, ask a question, express an opinion, or maintain silence. They may have to question the effectiveness of their techniques for giving advice and may need to search for proper channels of communication (p. 1054).

Consequently, not only do school psychologists need to understand the way members of other cultures view death and grief, they also need to explore their own attitudes about death and grief as well as the basic assumptions that prevail in their local culture and subculture. The psychologists' introspection can be stimulated by responding to five culture types as well as to five questions originally shared at a 1995 Loss and Transition workshop by Lorraine Holden, a social worker. The types are "the Stoic, the Expressive, the Pious, the Helper, and the Partier." They are just a starting point for adding other types. However, the five provide an opportunity for reflection about one's cultural beliefs. This school psychologist has constructed the last part of Question One. The queries include:

(1) "How does your family and culture act when someone dies?" How different is the reaction if the death is expected or unexpected?
(2) "What would be considered inappropriate behavior or responses for your family and cultural type?"

(3) "Are there any movie, books, or TV characters that exemplify your type?"
(4) "What strengths and weaknesses do your family and culture bring to the mourning process?" and
(5) "What should people never say or do to you if they are going to respect your culture during the mourning process?"

Besides introspecting about one's cultural type, school psychologists need to examine their attitudes toward death, grief, and cultural diversity. This second self-reflection exercise will help them gain personal insight into themselves, recognize the limitations of their belief systems in their work, and guide them in providing more effective services to multicultural individuals. Irish, Lundquist, and Nelsen (1993) identify three kinds of awareness needed for "professionals in the field of death and dying who must be sensitive to the needs of people with cultural patterns that are different from theirs: (1) Death Awareness; (2) Grief Awareness; and (3) Multi-Cultural Awareness" (pp. 30 & 227). A few questions from each category were selected for this workshop, and this school psychologist constructed others. The queries will be presented as an experiential exercise to school psychologists in Las Vegas, and they can be found in Appendix A.

There are other ways that school psychologists may also introspect to develop cultural sensitivity. However, due to the time limitation of this workshop, the other methods (Paniagua, 1994, pp. 107-109; Locke, 1992, p. 2; Nuttall, DeLeon, & Valle, 1990, p.221; and McGoldrick, Pearce, & Giordano, 1982, p. 27) cannot be reviewed at this workshop. By studying the other approaches, school psychologists can further examine their thoughts, feelings, and behaviors when they return home and have time to reflect.

EIGHT FACTORS TO CONSIDER IN PROVIDING SERVICES TO MULTICULTURAL STUDENTS, PARENTS, AND COMMUNITIES

In order to understand persons of different cultures, Ross (1994) identifies eight factors that need to be considered: (1) Values; (2) Concept of the Family; (3) Religious Beliefs; (4) Attitudes Toward the Body; (5) Attitudes Toward Death; (6) Bereavement, Grief, and Mourning Practices; (7) Funeral Practices; and (8) Communication. Awareness and knowledge of these will assist school psychologists to enhance their multi-cultural service delivery skills in prevention, intervention, and postvention.

COMMONLY REPORTED CULTURAL BIASES

School psychologists, in providing sensitive and caring intervention services, need to be aware of the 10 most frequently encountered examples of cultural bias about multicultural counseling and development. For the intent of this paper, the ten will be only identified but not discussed. School psychologists interested in researching these further can refer to Pedersen (1987). The misconceptions are: (1) Normal Behavior Is Universal; (2) Emphasis on Individualism; (3) Fragmentation by Academic Disciplines; (4) Dependence on Abstract Words; (5) Overemphasis on Independence; (6) Neglect of Client's Support Systems; (7) Dependence on Linear Thinking; (8) Focus on Changing

Individual, Not System; (9) Neglect of History; and (10) Dangers of Cultural Encapsulation.

PROVIDING SERVICES TO SURVIVORS OF HOMICIDE VICTIMS

To provide some basic information about homicides to school psychologists, the following has been abstracted from the article, "Services for Survivors of Homicide Victims" found in Young's 1993 Victim Assistance: Frontiers and Fundamentals book, an excellent sourcebook for school psychologists. This school psychologist read the article, outlined it, and summarized it into the following question and answer format:

1. Who are Survivors of Homicide Victims?

a. "'Survivors of homicide victims' is a phrase used to describe those individuals who had special ties of kinship with the person murdered, and who were therefore victimized not only by the loss of someone close but also by the horrific circumstances of that untimely death" (p. 81).

2. What Are Common Reactions to Homicide?

a. There are two: Turmoil (the horrible vividness of the experience) and Numbness (an emotional retreat from dealing with one's intense feelings). Although individuals grieve in different ways and process the grief over different lengths of time, typical survivor reactions during the acute stages of crisis are the following:

- preoccupation with the survivor's personal loss
- horror about the suffering that the murder victim may have suffered
- a need to know every detail of the victim's death
- attacks of panic
- a fixation on maintaining a day-to-day routine, though this may be shattered at times by outbursts of intense emotion
- restlessness and insomnia
- an inability to concentrate
- flashbacks to the memory of receiving the death notification or to the memory of, or an imagined picture of, the crime itself
- rage at the assailant
- fear for one's own life or that of other loved ones
- self-blame about something the survivor did or did not do to prevent the murder
- hostility towards everyone who cannot bring the victim back to life
- utter hopelessness and helplessness
- a strong feeling of loss including a guilt-inducing sense of anger at the person who died
- possible thoughts of suicide

b. Additional Stress Factors

- One stressor is the death notification process itself.
- Other factors include other life changes that were going on at the time a loved one was murdered such as a divorce, unemployment, illness, etc. Others may blame the survivors, or survivors may blame themselves or other survivors.

3. What is the Effect of the Unique Stressor, The Criminal Justice System?

a. "A problem arises when outsiders like criminal justice professionals are able to perceive only vengefulness in the survivors, and miss the other feelings at work... . The criminal justice system is often unresponsive to homicide victims' survivors" (p.83). The justice system also causes many other stresses to the survivors and delays their grief reactions.

4. What Is the Toll of Stress on the Survivors' Support Network?

a. "Wherever the stress factors come from--from the loss itself, from the circumstances of the murder, or from the outside stressors with their 'second wounds'--they add up to a terrible strain on the survivors' natural support network. Examples of strains include marriages breaking up, children leaving home, or relatives drifting apart" (p. 86).

5. How Does the Situational Factor (The Relationship of the Survivor to the Murder Victim) Affect the Survivors' Trauma?

a. The relationship to the deceased can result in different reactions depending upon the identity of the survivors: parents, siblings, grandparents, spouses, friends, as well as extended family members and friends. For more information on trauma, refer also to Doka (1996) and Van der Kolk et al. (1996).

6. How Does the Situational Factor (The Occurrence of Significant Events) Affect the Survivors' Trauma?

a. Emotional turmoil can reappear at the anniversary date of the murder, holidays, birthdays, other formerly-happy events, and other milestones not experienced by the victim such as birthdays, bar mitzvahs, graduations, weddings, births, etc.

b. Other Significant Events Include:

- Witnessing the Event
- Relationship to Assailant
- The type of Murder
  - 6. 1. Vehicular Homicide
  - 6. 2. Murder Accompanied by Sexual Assault
  - 6. 3. Murder Accompanied by Torture
  - 6. 4. Murder Following a Kidnapping
  - 6. 5 Murder in Which the Body is Violated After Death
  - 6. 6 Attributes of the Assailant (for example, one or more assailants, age, race, and culture)
  - 6. 7. Attributes of the Victim (for example, the age, race, sexual orientation, and culture)
  - 6. 8. Geographic Distance Between the Survivors' Home and the Place of the Murder (A homicide far away may create added stressors)

7. How Can We Assist the Survivors in Reconstructing Their Lives?

a. Proper Death Notification- (The survivor should be sensitively informed of the murder).

b. Support by Victim Advocates who can provide information about survivor rights when the media enters their lives, about funeral arrangements if needed, about the criminal justice investigation, about the financial consequences of the death, and about disposing of the personal belongings of the victims.

c. Other Supports (such as from mental health professionals or through self-help groups).

OTHER BASIC INFORMATION ON HOMICIDE FOR SCHOOL PSYCHOLOGISTS TO HELP SURVIVORS HEAL

According to Henry-Jenkins' 1996 excellent book, Just Us, "murder occurs when one human being deliberately, recklessly, or accidentally takes the life of another" (p. 13). The following information is cited from her informative book:

- In a homicide, the term "homicide stress syndrome" is sometimes used instead of post-traumatic stress syndrome.

- Grief is aborted, interrupted, and delayed by the intrusions of the police investigation, The criminal justice system, the news media, and neighbors and friends. Survivors are forced to put their grief on hold. The intensity, frequency, and duration of grief varies in each survivor. Grief is as individual as a person's fingerprints.

- Survivors become cautious and fearful for their and their loved ones' lives.

- There is a three phase cyclical pattern to the bereavement process where survivors are forced to relive the homicide over and over again. The cycles can be experienced individually or all at once. They include: (1) Crisis (the cycle of loss--of challenge/acceptance); (2) Conflict (the cycle of conflict--of confrontation/adjustment--the law enforcement and/or criminal justice cycle); and (3) Commencement (the willingness to mourn cycle, to move on--change/adaptation). The last cycle includes grief resolution and social reorganization.

- The following influences the cycles of homicide bereavement: the type of homicide; the survivor's role and relationship to the victim; the family's relationship after the loss; and the societal response to the survivors after the murder.

- Survivors face secondary victimization (signs and symptoms of traumatization similar to those of the victim) from the following existing to assist them: the police, the news media, the coroner's office (an autopsy must be done in every murder case), the criminal justice process, mental health and human service professionals, educators, the clergy, family, friends, co-workers, employers, acquaintances, and victim service workers.

- Survivors are provided crime victims assistance and are given the opportunity to complete a victim's impact statement.

- Survivors usually get "stuck" in one of the following three places: the crime scene, the cemetery, and the criminal justice system.

- Survivors are stigmatized and socially isolated by others. Social supports are lacking.

- Complicated mourning occurs when a survivor is unable to mourn, grieves too long, or is unable to reach grief resolution. The bereavement process is complicated by: (1) a belief that justice was not carried out; (2) an unsolved murder; (3) a multiple murder; and (4) a murder-suicide. Complicated mourning is also discussed in Rando (1996 & 1993).

The following information has been summarized from Redmond's (1989) popular clinical book, Surviving When Someone You Love Was Murdered: A Professional Guide To Group Grief Therapy for Families and Friends of Murder Victims:

Survivors of homicide who experience delayed, exaggerated, and complicated bereavement reactions share eight characteristics:

1. **Cognitive Dissonance** - The survivors are in conflict, in chaos, in turmoil, trying to make sense out of the death as they search for answers. Their minds ask repeated questions of what happened, when, how, where, who did something to someone, and the unanswerable why.

2. **Murderous Impulses and Anger** - The survivor' anger and rage are intense, long lasting, and frequent. They vehemently want to destroy the murderer and see him/her suffer.

3. **Fear and Vulnerability** - Survivors are fearful of further psychological or physical assaults from others. They become almost paranoiac.

4. **Conflict of Value and Belief System** - Murder is a violation of all that survivors have been taught about the sanctity of life. It causes survivors to lose trust in the world which is no longer predictable and secure.

5. **Guilt and Blame** - "If only" . . . becomes endless. There is self-blame, or other-blame especially loved ones.

6. **Stigmatized Death** - Community members tend to blame the victim or the survivors for the traumatic death. The emotional isolation causes the survivors to feel abandoned, ashamed, powerless, and vulnerable. As the survivors withdraw, disenfranchised (community unsupported) grief occurs.

7. **Intrusion by Other Systems** - After a homicide, the survivors encounter law enforcement officials, criminal justice practitioners, and media personnel who are not bound by a code of confidentiality for homicide survivors as they are for child abuse,

sexual assault, rape, and spouse abuse. The survivors often times are even considered to be suspects.

8. **Loss of Control** - The delays in resolution of the homicide conviction, lack of adequate punishment for the crime and lack of acknowledgment by society increase the feelings of loss of control. The criminal and the law enforcement and criminal justice system control the survivors' lives.

Other information from Redmond's (1989) book, which includes assessment and therapy, is as follows:

- The homicide survivors group intake assessment form. This includes the following: the age of survivor; age of victim; relationship to the deceased; circumstances of the death; status of the defendant; court experiences; secondary victimization experiences; roles and functioning of the deceased; roles and function of survivor prior to death; and the present role and functioning of survivor. Others are the meaning of the loss; relationship with deceased; previous crisis experience; coping mechanisms; previous mental health history; present health; past experience with death; other losses; social, cultural, ethnic, and religious affiliation; and availability and use of support systems (pp. 45-49 and 119-124).

- Redmond incorporated Worden's (1982) four tasks of grief work: (1) to accept the reality of the loss; (2) experience the pain of loss; (3) adjust to an environment where the deceased is missing; and (4) withdrawal of emotional energy from the deceased and re-investment into other relationships. Later, Worden (1991) revised the wording of his second and fourth tasks as follows: Task II: To work through to the pain of grief; and Task IV: To emotionally relocate the deceased and move on with life.

- A genogram, a three-generational diagram of all persons living and deceased in the family system, is used.

- Three modalities of treatment used to help the survivors include: (1) individual therapy; (2) group therapy; and (3) mutual peer support.

- Therapeutic techniques suggested are: the use of death words; the use of the proper name of the murder victim; cleanup of the site; the viewing of the body; the releasing of anger and guilt through confrontation, reordering, and renewal; the employing of active listening skills; the opening of communications within the family; and the teaching of normal grief symptoms. Others include the encouragement of attendance at hearings, trials and all court proceedings; the legitimizing of responses; preparing survivors for behavioral and cognitive reactions of stress; explaining disconnected, intrusive, and disorganized thinking; remembering the Art of Silence; and respecting the uniqueness of grief (pp. 60-62).

- The 12-week Group Grief Therapy Treatment Program consists of the following: Introduction; Grief and Mourning; Relationship with Deceased; Anger and Guilt;

Anger and Guilt; Family Dynamics; Opening the System; Ambivalence and Rebuilding Relationships; Review of Funeral; Memorial Service; Unfinished Business; and Evaluation and Termination.

CROSS-CULTURAL SERVICE DELIVERY

In dealing with survivors, school psychologists need to be aware of the survivors' cultural identities that are shaped by two principal factors: (1) sources of cultural identities and (2) attitudes and beliefs shaped by culture. In addition, knowledge of three cultural axes is needed. Abstracted from the informative article on "Cross-Cultural Service Delivery" in Young's Victim Assistance: Frontiers and Fundamentals, the following are examples:

1. Sources of Cultural Identities

nationality, income, education, rural/urban, gender, ethnicity, religion, age, sexual orientation, mental/physical abilities, profession, and location in life.

2. Attitudes and Beliefs Shaped by Culture:

birth, marriage, death, male/female, language/dialect, spirituality, individualism, community, ambition, acquisitions, power, wealth, children, elderly, homosexuality, dress, and differences.

3. The Three Cultural Axes:

School psychologists need to be cognizant of three axes that can give them insight into how survivors from different cultures may require different types of interventions or strategies for service delivery. The axes are as follows:

a. The Axis of Control

One dimension on a vertical line includes the locus of control: To what extent do survivors believe they are in control of their own destiny? Internal versus external control.

Another dimension on a horizontal line involves the locus of responsibility: To what extent do survivors believe they are responsible for their own destiny? This refers to internal versus external responsibility.

b. The Axis of Conflict

One dimension on a vertical line includes the locus of conflict: To what extent do survivors believe in conflict as the method of resolving differences or the preferred way to effect change? How do they react to conflict in their lives and what goals do they seek in resolving it? This involves conflict versus harmony.

Another dimension on a horizontal line involves the locus of individualism: To what extent do survivors believe in the sanctity and separateness of the individual. This includes the individual versus the community.

c. The Axis of Life

One dimension on a vertical line includes the locus of life: To what extent do survivors see life and death as part of one continuum? This refers to life versus death or life and death.

Another dimension on a horizontal line involves the locus of nature: To what extent do survivors identify with the natural world? Do they resolve their concerns about life and death through commune with nature, God, or technology? This involves nature versus technology.

MULTICULTURAL HOMICIDE SURVIVOR SERVICE CONSIDERATIONS

To help school psychologists understand how to intervene with future homicide survivors in a multicultural setting, the following information has been abstracted from Ogawa (1999), Young (1994), the National Victim Center (1992), Ogawa (1990), McGoldrick, Pearce, & Giordano (1982), and from this school psychologist's experiences intervening with homicide survivors in a multicultural community. The data has been combined and organized by this retired school psychologist into four categories and into a question format which can be used by school psychologists as a starting point for intervening and for further research:

(1) Community and Cultural Influences

- **community values** - Are community members discouraged from reporting crimes (homicides), and is there a stigma attached to being a survivor?
- **problem definition** - What do members in the culture define as a problem?
- **solution source** - What do the members see as a solution to the problem?
- **gender roles** - How do cultural expectations control the role of females in reporting or responding to crime?
- **attitude toward death** - What are the community's beliefs and rituals toward death?
- **bereavement and funeral practices** – How does the culture, and especially the survivors, mourn a death and specifically, a homicide?
- **idioms of distress** - How do the survivors communicate subjective discomfort associated with their cultures?
- **history** - What are the cultural literary, folklore, myths, traditional ceremonies and creative expressions? What is the meaning of various oral and written traditions and cultural expressions?

- **suffering** - What have the survivors' social group suffered in the past, and what are they suffering at present?

- **kin-structured networks** - Are there close and supportive relationships among the individuals within a family and community regarding daily living and crises?

- **elastic households** - Are there community members ready to step in informally to take care of those in need during personal or economic circumstances?

- **individual versus group welfare** - Is the individual or the group welfare the overriding issue?

- **type of community** - Is the family and community open or closed?

- **society** - Is the society patriarchal or other?

- **violent reprisals** - In crime infected neighborhoods, is the survivor or witness vulnerable to fearful violent reprisals and fearful of some conspiracy to exterminate all in their ethnic or racial group?

- **obligations** - Are there obligations to the group and/or community that take precedence and must be carried out?

- **self-image** - Do survivors judge themselves as individuals or as a member of a group? Are social relationships and group loyalty stressed?

- **retaliation** - If a murder was committed by a person of another ethnic background, do the survivors fear repercussions against its people by the other culture, and do they fear a conspiracy to exterminate all in their ethnic or racial group?

- **stigma** - Is the family and/or community stigmatized by the murder?

- **education and employment** - How vulnerable are groups with little education and income to become crime victims and to have less access to legal resources and counseling?

- **code of silence** – Is there a code of silence among members of a minority group which prevents them from sharing information with outsiders?

- **holistic approach** – Is trauma interpreted by culture as afflicting the whole person and not just one aspect of a person's life?

- **cultural time out** – Do survivors respond passively, mimicking a depression, but are really culturally manifesting "time out" to deal with the stressful situation?

- **respect** – Have the survivors been socialized to show respect through limited eye contact, deference, and silence?

- **humility** – Are the survivors culturally humble and therefore uncomfortable with any public demonstration that conveys that their own suffering is greater or more serious than that of others?

- **limelight shun** – Do survivors avoid the limelight and the attention from the mass media?

- **communication** – Do survivors communicate detailed verbalizations, or do they display sensitivity to nonverbal messages?

- **proxemics** – How much physical space do the members of a culture allow between themselves and others?

- **haptics** – Do the members use touch as a means of communication, or do they avoid it?

- **chronemics** – How do the members use time?

- **life-death intermediate state** – Do survivors believe in an "intermediate state" between life and death where the spirits of deceased loved ones are seen or sensed by them and are released and free for reincarnation?

- **cultural behaviors** – Do the survivors avoid displays of emotions and conduct that may appear too aggressive, critical, or confrontational, and do they preserve dignity and respect by an ethic of modesty, an economy of physical intrusions into the space of another person, and sensitivity toward disturbing others by one's words and behaviors?

- **intragroup differences** – Are the survivors perceived as displaying certain cultural characteristics of their ethnic group as well as seen as manifesting individual behaviors different from the group?

- **cultural obligations** – Do the survivors have cultural other-directed obligations that need to be known if they are to be helped adequately?

- **type of threat** – What does the culture define as a traumatic threat?

- **interpretation** – How does the culture influence the survivors' interpretation of a traumatic event?

- **expression** – How does the culture influence how individuals and communities express traumatic reactions?

- **context** – What kind of a context does culture form through which survivors or communities view and judge their own responses to trauma?

- **response** – How does culture affect the responses of the trauma survivors?

- **health** – How does culture define healthy pathways to new lives after trauma?

(2) Survivors' Characteristics

- **language** - Are the survivors able to communicate effectively with service practitioners, or are interpreters needed?

- **reluctance to share intimacies** - Are the survivors reluctant to share private and shameful matters with others (cultural strangers) and to come forward?

- **shame** - Are the survivors concerned with privacy and confidentiality which causes them to keep things to themselves, to avoid sharing what they know with authorities, to refrain from bringing shame on their families and communities, and to refuse therapy?

- **resiliency** - Are the survivors resilient?

- **preventing discomfort** - Have the survivors been reared to avoid causing discomfort or trouble for someone else?

- **non-verbal behavior-kinesics** - What are the survivors' non-verbal cues and body language, body statements, gestures, and covert expressions of moods and feelings?

- **home visits** - Do the survivors feel more at ease at home to answer questions than in a school, a police station, or court?

- **meaning and suffering?** What is the survivors' meaning (interpretation) for the homicide and the aftermath of suffering?

- **"if only I had"** - Do the survivors accept unrealistic responsibility for the homicide?

- **trigger events** - Are the survivors aware that they will re-experience crisis reactions during holidays and anniversaries?

- **the media** - How do survivors react when viewing information about the murder in the mass media?

- **impact of homicide** -What is the emotional, physical and financial impact of the homicide on the survivors and on the immediate and extended family structure, including adherence to past obligations and future relationships?

- **religion** - How do religious beliefs and support systems influence attitudes toward crime, trauma, and mental health concerns?

- **migration experiences** - Were the survivors refugees, and did they experience previous oppression; and if they did, are the therapists aware of the trauma story that has been imprinted on their memories?

- **assimilation** - What are the survivors' degree of assimilation into the dominant culture?

- **blame and guilt** - Does the mother (as the nurturer) or the father (as the protector) blame self for the homicide?

- **symptoms and pain** - What do the survivors label as symptoms and pain, and how do they communicate them?

(3) Criminal Justice System

- **distrust** - Is the community distrustful (suspicious) of the police and other authority?

- **authority** - Are the survivors taught not to question authority even when a crime has been committed?

- **released on bail** - Do survivors fear reprisals and lack of police protection from criminals?

- **unfairness** - Do survivors fear they will be treated unfairly by police and prosecutors?

- **concerns** - Do survivors fear their needs will be overlooked in favor of court trial techniques, legal issues, and evidentiary concerns? Do they fear exposure to intimidation or disparaging regard by the majority culture?

- **perceptions** - Are the perceptions towards the criminal justice system based upon the survivors' experiences with it in their native land?

- **underreporting of crimes** - Do lack of knowledge, how to report, and to whom to report to influence an underreporting of crimes?

- **intruders** - Are police and outsiders viewed as intruders rather than peacemakers and helpers?

- **apprehension** - Are the survivors overly concerned about being hospitalized or incarcerated?

- **looked upon as suspects** - Are the survivors looked upon as suspects, which is often the case?

- **perceptions** – Are the perceptions towards the criminal justice system based upon the survivors' experiences with it in their native land?

- **refugees** - Are the survivor refugees who experienced certain forms of interrogation, torture, or violence in their homeland, fearful or resistant to procedures which appear similarly intrusive in our criminal justice system?

- **perceptions** – Are the perceptions towards the criminal justice system based upon the survivors' experiences with it in their native land?

- **illegal status** - Will illegal aliens fear to come forward as survivors or witnesses for fear of being deported?

- **outreach programs** – To help survivors, is the criminal justice system developing appropriate language, interactive skills, and comprehensive outreach programs to serve multicultural populations?

- **native language** – Are the survivors provided interpreters and written materials in their native language?

- **first contact** – Are the mainstream authorities aware that the nature of their first contact with the survivors may either confirm or dispel suspicion regarding how the survivors feel they will be treated?

- **restorative justice** – Is restorative justice, responsive to the needs of victims, survivors, offenders, and the community as equal citizens being used as a new paradigm instead of the traditional model which is just responsive to the state?

(4) Therapy

- **social supports** - Do survivors have adequate support systems as well as economic and legal resources?

- **asking for help** - Do survivors ask for help or shy away from it and accept other means in the culture for healing such as spirituality, religion, shamans, folk wisdom, healers, superstitions, luck, acts of God, the spirit world, and supernatural powers?

- **help outside the family** - Is outside family or community assistance allowed?

- **religion** - How do religious beliefs and support systems influence attitudes toward crime, trauma, and mental health concerns?

- **fear** - Do the survivors fear and distrust mental health professionals and clinics as a way of controlling them through misdiagnoses, institutionalization, and medication?

- **definition of well-being** - Do survivors turn inward, not for personal benefit as in therapy, but for other reasons such as through meditation, asceticism, or self-reflection to restore harmonious relationships?

- **therapy** - Are the survivors oriented toward psychological therapy, or is disturbed behavior in the culture viewed as the result of a lack of will, supernatural causes, or physical illness?

- **type of therapy** - Which modality of treatment will be used? Individual, group, and/or mutual peer support?

- **therapist-client relationship** - What are the difficulties for therapists of the same or different backgrounds of the survivors?

- **fundamental needs** - Should the survivors' fundamental needs be met since intervention may be more helpful when focusing on immediate problems and practical solutions than on teleological orientations as in the Anglo-American culture?

- **family members** - Should family members also be involved in therapy?

- **therapeutic orientation –** Will survivors be helped by therapists who are aware that Western European-based cultural values of normality that govern their structure toward minorities and that govern their interpretation of trauma and suffering may not be appropriate for intervention and who realize that the Western mental health system has proven inadequate and restrictive to many minorities?

- **medication** – Are survivors treated by therapists who are cognizant of the limitation of their cultural expectation for clients to verbalize underlying fears and conflicts as well as to seek symptom relief by medication?

- **the spirit world** – Are survivors allowed to express their belief in the spirit realm, which some ethnic groups accept as a faculty for discernment and not as a deficit, -- without having the validity of their belief in the spirit world questioned or diagnosed as pathological?

- **ethnocentrism** – Are survivors helped by therapists who realize that their ethnocentrism (that their race or culture is the standard by which all others must be evaluated and judged) is not the guide that should be used with minorities?

- **color blindness** – Since their color is of central importance in the psychological experiences of the survivors, are they treated by service providers who acknowledge it and are not "color blind?"

- **transcultural therapy** – Are the counseling methods used culture-specific and readily transferable between cultures?

- **body language** – Are survivors treated by therapists who are sensitive to cues of body language and who are aware that nonverbal communication in their culture can be interpreted differently in and by another ethnic group?

SOME HINTS FOR HELPING THE HOMICIDE SURVIVORS

In Chapter 8, Young (1994) identified several suggestions to intervene appropriately with survivors from different cultures. Several have been selected and quoted here from that manual. They are the following:

- Explain the purpose of the intervention and the need for reciprocal questions.

- Express an appreciation for the culture's strengths in coping with trauma.

- Acknowledge your limitations and differences.

- Establish your competence in understanding trauma's impact whether or not you understand the cultural context of the event.

- Participate in access rituals, which often involve ceremony, food, and expressions of goodwill.

- Focus first on everyday immediate needs.

- Identify a friend or colleague who is a respected insider in the culture and who can help make connections with that culture.
- Convey respect and good will.

- Be aware of your own cultural biases and try to be non-judgmental.

- Express a willingness to learn about the ethnic group involved.

- Be aware of culturally specific communication techniques.

- Build trust.

- Ask survivors if their families should be present during discussions of they would like to have clergy members present.

- Openly acknowledge your limitations with language or other communication concerns.

- Ask survivors to describe what they would like you to do to help them and then tell them truthfully what you can and cannot do.
- Search for the meaning of suffering, pain, death, and life in the culture.
- Useful cross-cultural interventions include: reduction of isolation, relaxation techniques, education about crisis and trauma reactions, reframing the crisis in culturally-relevant terms, helping individuals develop control, and increasing self-esteem and self-regulation.
- Leave information in the primary language of the culture.
- Dress appropriately by respecting the customs of the survivors' culture.
- Eat and drink what is offered.
- Greet and say good-bye to survivors in their own language.
- Participate in defined rituals, as allowed or requested.
- Apologize when you do something wrong.
- Find out, and use, appropriate body language.
- Bring a gift of commemoration.
- Be aware of spiritual beliefs in the culture.

CONCLUSION

School psychologists need to provide caring, sensitive, cross-cultural competence and responsive service delivery. They need to intervene and to link homicide survivors to support systems (Appendix B). Also, they need to remember how diversity influences treatment in an ethnic context. The effects have been discussed in this paper and cogently summarized by Parsons (1985):

> All ethnically-focused clinical, sociological, anthropological, and experimental studies converge to one central conclusion regarding ethnic America: ethnic identification is an irreducible entity, central to how persons organize experience, and to an understanding of the unique 'cultural prism' they use in perception and evaluation of reality. Ethnicity is thus central to how the patient or client seeks assistance (help-seeking behavior), what he or she defines as a 'problem', what he or she understands as the causes of psychological difficulties, and the unique, subjective experience of traumatic stress symptoms. Ethnicity

also shapes how the client views his or her symptoms, and the degree of hopefulness or pessimism towards recovery. Ethnic identification, additionally, determines the patient's attitudes toward his or her pain, expectations of the treatment, and what the client perceives as the best method of addressing the presenting difficulties.

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Appendix A

Death Awareness Questionnaire

1. Has anyone you personally or professionally know died tragically from an accident, disaster, homicide, suicide, or war; and if so, would this affect your psychological service delivery in a school setting where a similar or other violent death has occurred?

2. Has anyone you personally or professionally know died of a chronic illness; and if so, would this affect your psychological service delivery in a school setting where a student or staff member died of a terminal illness?

3. In dealing with a school death, would you feel more internal stress if the death happened suddenly or gradually? Why?

4. What is your belief about death?

Grief Awareness Questionnaire

1. Do you believe that children and adolescents grieve through linear, sequential stages?

2. When a student dies, should you move and remove his/her school desk from class?

3. How is the school psychologist's service delivery different when intervening in an early childhood, elementary school, middle school, or high school death?

4. After providing intervention during a school/community tragedy, would you, as a school psychologist, participate in a defusing or debriefing? Why?

Multicultural Awareness Questionnaire

1. How many individuals from cultural, racial, or religious backgrounds very different from your own have you personally or professionally known who have died within the past year?

2. In relating to an individual from another culture, are you aware of how your expectations and biases may affect the relationship?

3. Do you prevent yourself from lumping together individuals from different ethnic minority groups, and are you aware of the important individual differences within each group and within each person within the group?

4. When intervening as a school psychologist, do you avoid applying Western ethnocentric concepts to understand and help individuals from other cultures?

Appendix B

Helpful Support Systems
With Information on Homicidal Bereavement

Bereavement Outreach Network
127 Arundel rd., Pasenda, MD 21122

Children of Murdered Parents
P. O. Box 9317, Whittier, California 90608
Phone (310) 699-8427

The Compassionate Friends
P. O. Box 3696, Oak Brook, IL 60522
Phone (708) 990-0010

Dougy Center
3903 Southeast 52nd Avenue, Portland, Oregon 97206
Phone (503) 775-5683

Help for Survivors
217 North Jefferson, 4th floor, Chicago, IL 60661-111
Phone (312) 879-7920

Mothers Against Drunk Drivers--MADD
511 E. John Carpenter Frwy., Suite 700, Irving, TX 75062
Phone (800) GET- MADD or (817) 268-6233

National Organization for Victim Assistance (NOVA)
717 D. St. NW, Washington, DC 20004
Phone (202) 232-6682 or (800) TRY NOVA

National Self-Help Clearinghouse
33 W. 42nd St., rm. 1227, New York, NY 10036

National Victim Center
307 West 7th, Ste 1001, Ft. Worth, TX 76102
Phone (800) FYI-CALL

Parents of Murdered Children (POMC)
100 E. Eighth St., Suite #B41, Cincinnati, OH 45202
Phone (513) 721-5683

Parents Without Partners
7910 Woodmont Ave., Bethesda, MD 20814